# PATENT APPLICATION FEE DETERMINATION RECORD
### Effective October 1, 2001

**Application or Docket Number**

10-018,103

## CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) | |
|---|---|---|---|
| TOTAL CLAIMS | | | |
| FOR | NUMBER FILED | NUMBER EXTRA | |
| TOTAL CHARGEABLE CLAIMS | 45 minus 20 = | * 25 | |
| INDEPENDENT CLAIMS | 3 minus 3 = | * | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | ☐ | |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**SMALL ENTITY TYPE** ☐   OR   **OTHER THAN SMALL ENTITY**

| | SMALL ENTITY | | | OTHER THAN SMALL ENTITY | |
|---|---|---|---|---|---|
| | RATE | FEE | | RATE | FEE |
| BASIC FEE | | 370 | OR | BASIC FEE | |
| | X$ 9= | 225 | OR | X$18= | |
| | X42= | | OR | X84= | |
| | +140= | | OR | +280= | |
| | TOTAL | 595 | OR | TOTAL | |

## CLAIMS AS AMENDED - PART II

**SMALL ENTITY**   OR   **OTHER THAN SMALL ENTITY**

### AMENDMENT A

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---|---|---|---|---|---|---|---|---|
| Total | * | Minus ** | = | X$ 9= | | OR | X$18= | |
| Independent | * | Minus *** | = | X42= | | OR | X84= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐ | | | | +140= | | OR | +280= | |
| | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

## BEST AVAILABLE COPY

### AMENDMENT B

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---|---|---|---|---|---|---|---|---|
| Total | * | Minus ** | = | X$ 9= | | OR | X$18= | |
| independent | * | Minus *** | = | X42= | | OR | X84= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐ | | | | +140= | | OR | +280= | |
| | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

### AMENDMENT C

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---|---|---|---|---|---|---|---|---|
| Total | * | Minus ** | = | X$ 9= | | OR | X$18= | |
| Independent | * | Minus *** | = | X42= | | OR | X84= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐ | | | | +140= | | OR | +280= | |
| | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

## REQUEST FOR PATENT FEE REFUND

| 1 Date of Request: 2/5/01 | 2 Serial/Patent # 10-018,403 |
|---|---|

| 3 Please refund the following fee(s): | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
|---|---|---|---|
| ✓ Filing | 1 | 11-5-01 | $ 60.00 |
| Amendment | | | $ |
| Extension of Time | | | $ |
| Notice of Appeal/Appeal | | | $ |
| Petition | | | $ |
| Issue | | | $ |
| Cert of Correction/Terminal Disc. | | | $ |
| Maintenance | | | $ |
| Assignment | | | $ |
| Other | | | $ |

BEST AVAILABLE COPY

| 7 TOTAL AMOUNT OF REFUND | $ 60.00 |
|---|---|

**8 TO BE REFUNDED BY:**
- ✓ Treasury Check
- Credit Deposit A/C #:

9 [ ][ ][ -- ][ ][ ][ ]

**10 REASON:**
- ✓ Overpayment
- Duplicate Payment
- No Fee Due (Explanation):

Gary Bridge
Connolly Bove Lodge + Hutz LLP
1220 Market St. P.O. Box 2207 Wilmington, DE 19899

**11 REFUND REQUESTED BY:**

| TYPED/PRINTED NAME: Anita Johnson | TITLE: Paralegal |
|---|---|
| SIGNATURE: Anita Johnson | PHONE: 305-3661 |
| OFFICE: DO/EO | |

*******************************************************
THIS SPACE RESERVED FOR FINANCE USE ONLY:

| APPROVED: Harry Phillips | DATE: 2-5-02 |
|---|---|

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance**
**Refund Branch**
**Crystal Park One, Room 802B**